

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	26 -20* =	6	x \$ 18.00 =	\$ 108.00
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))	2 -3** =		x \$ _____ =	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))			+ \$ _____ =	
				BASIC FEE (37 C.F.R. § 1.16)	760.00
				Total of above Calculations =	
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).				
	* <i>Reissue claims in excess of 20 and over original patent.</i>				
	** <i>Reissue independent claims over original patent.</i>			TOTAL =	868.00

6. Small entity status:

- a. A small entity statement is enclosed, if (b) and (c) do not apply.
- b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 18 - 1982:

- a. Fees required under 37 C.F.R. § 1.16.
- b. Fees required under 37 C.F.R. § 1.17.
- c. Fees required under 37 C.F.R. § 1.18.

8. A check in the amount of \$ _____ is enclosed.9. Other:

NOTE: *The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.*

10. NEW CORRESPONDENCE ADDRESS

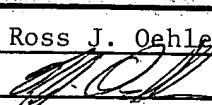
 Customer Number or Bar Code Labelor New correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Ross J. Oehler, Esquire				
	Rhone-Poulenc Rorer Inc.				
Address	500 Arcola Road, P.O. Box 5093				
	Mail Stop 3C43				
City	Collegeville	State	PA	Zip Code	19426-0997
Country	USA	Telephone	(610) 454-3883		Fax (610) 454-3808

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type) Ross J. Oehler, Esquire

Signature 

Registration No. (Attorney/Agent) 33,270

Date 2-26-99